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MONTANA LEGISLATIVE HISTORY

Chapter 606 19 87

Bill H _____ S 210 Original bill & history ____C

H. Committee on Business & Labor		S. Committee on Business & Industry	
Hearing Date(s) Mar 18	✓C	Hearing Date(s) Feb 12	✓C
_____	____C	Feb 16	✓C
_____	____C	Feb 19	✓C
_____	____C	_____	____C
Date Out Mar 18	✓C	Feb 19	✓C

Did this bill originate in an interim committee? ____Yes ____No

Committee _____ Report _____

1/24	FISCAL NOTE REQUESTED		
1/27	FISCAL NOTE RECEIVED		
2/02	HEARING		
2/09	TABLED IN COMMITTEE		

SB 208 INTRODUCED BY KEATING, GIACOMETTO
REQUIRES ROYALTY PAYMENTS DERIVED FROM SALE OF OIL AND GAS BE HELD IN TRUST

1/24	INTRODUCED		
1/24	REFERRED TO NATURAL RESOURCES		
1/30	HEARING		
2/02	ADVERSE COMMITTEE REPORT ADOPTED	47	0

SB 209 INTRODUCED BY HALLIGAN
CHILD ABUSE/NEGLECT -- DEPARTMENT OF SOCIAL & REHABILITATION SERVICES PERMANENT CUSTODY TO ALLOW ADOPTION
BY REQUEST OF DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

1/23	RULES SUSPENDED TO ALLOW INTRODUCTION OF BILL AFTER DEADLINE	49	0
1/24	INTRODUCED		
1/24	REFERRED TO JUDICIARY		
2/11	HEARING		
	DIED IN COMMITTEE		

SB 210 INTRODUCED BY KEATING, BLAYLOCK, WEEDING, ET AL.
DEFINING PROFESSIONAL COUNSELORS AS HEALTH CARE PROVIDERS

1/26	INTRODUCED		
1/26	REFERRED TO BUSINESS & INDUSTRY		
2/12	HEARING		
2/17	COMMITTEE REPORT--BILL PASSED AS AMENDED		
2/18	REREFERRED TO BUSINESS & INDUSTRY		
2/20	COMMITTEE REPORT--BILL PASSED AS AMENDED		
2/23	2ND READING PASSED	37	10
2/25	3RD READING PASSED	41	9
	TRANSMITTED TO HOUSE		
3/03	REFERRED TO BUSINESS & LABOR		
3/18	HEARING		
3/18	COMMITTEE REPORT--BILL CONCURRED AS AMENDED		
3/27	2ND READING CONCURRED AS AMENDED	71	14
3/30	3RD READING CONCURRED	84	13
	RETURNED TO SENATE WITH AMENDMENTS		
4/03	2ND READING AMENDMENTS NOT CONCURRED	50	0
4/07	CONFERENCE COMMITTEE APPOINTED		
4/15	CONFERENCE COMMITTEE DISSOLVED		
	HOUSE		
4/14	CONFERENCE COMMITTEE APPOINTED		
	SENATE		
4/15	RECONSIDERED PREVIOUS ACTION ON THIS BILL	50	0
4/15	2ND READING AMENDMENTS CONCURRED	50	0
4/16	3RD READING AMENDMENTS CONCURRED	48	0
4/21	SIGNED BY PRESIDENT		
4/21	SIGNED BY SPEAKER		

4/21 TRANSMITTED TO GOVERNOR
4/24 SIGNED BY GOVERNOR
CHAPTER NUMBER 606 EFFECTIVE DATE: 10/01/87

SB 211 INTRODUCED BY STORY
LOCAL GOVERNMENTS TO INSPECT BUILDINGS FOR BUILDING CODE ENFORCEMENT

1/24 INTRODUCED
1/24 REFERRED TO LOCAL GOVERNMENT
1/24 FISCAL NOTE REQUESTED
1/29 FISCAL NOTE RECEIVED
1/29 HEARING
2/21 TABLED IN COMMITTEE

SB 212 INTRODUCED BY FARRELL, CAMPBELL, SWYSGOOD, ET AL.
PROVIDE COMMERCIAL VEHICLE OPERATOR'S LICENSING PROGRAM

1/24 INTRODUCED
1/24 REFERRED TO HIGHWAYS & TRANSPORTATION
1/24 FISCAL NOTE REQUESTED
2/02 FISCAL NOTE RECEIVED
2/05 HEARING
2/17 STATEMENT OF INTENT ADOPTED
2/17 COMMITTEE REPORT--BILL PASSED AS AMENDED
2/19 2ND READING PASSED 49 0
2/21 3RD READING PASSED 48 1

TRANSMITTED TO HOUSE
2/23 REFERRED TO HIGHWAYS & TRANSPORTATION
3/05 HEARING
3/27 COMMITTEE REPORT--BILL CONCURRED AS AMENDED
3/28 2ND READING CONCURRED 76 0
3/30 3RD READING CONCURRED 95 2

RETURNED TO SENATE WITH AMENDMENTS
4/02 2ND READING AMENDMENTS CONCURRED 49 0
4/03 3RD READING AMENDMENTS CONCURRED 49 0
4/07 SIGNED BY PRESIDENT
4/08 SIGNED BY SPEAKER

4/08 TRANSMITTED TO GOVERNOR
4/09 SIGNED BY GOVERNOR
CHAPTER NUMBER 443 EFFECTIVE DATE: 1/01/88

SB 213 INTRODUCED BY MAZUREK
REGULATING THE OFFERING AND SALE OF TIMESHARES BY REQUEST OF BOARD OF REALTY REGULATION

1/24 INTRODUCED
1/24 REFERRED TO BUSINESS & INDUSTRY
2/12 HEARING
2/16 COMMITTEE REPORT--BILL PASSED AS AMENDED
2/18 2ND READING PASSED 50 0
2/18 SEGREGATED FROM COMMITTEE OF WHOLE REPORT 50 0
2/19 2ND READING PASSED AS AMENDED 49 0
2/21 3RD READING PASSED 49 0

TRANSMITTED TO HOUSE
2/23 REFERRED TO BUSINESS & LABOR
3/11 HEARING
3/18 COMMITTEE REPORT--BILL CONCURRED AS AMENDED

Sen. Neuman noted that the attorney general is to be the enforcing officer in this bill and wondered if this had been discussed with that office. Mr. Mitchell stated that as the attorney for the board of realty regulation, he is also a special appointed assistant attorney general and he would handle the legal matters for the board of realty regulation.

Chairman Kolstad noted that there would be no additional FTE's that would be added because of this bill.

Sen. Hager asked if the bill passed, would a realtor be able to sell timeshares under a realtor's license. Sen. Mazurek responded that he would assume a realtor would be able to but he was not certain. Mr. Mitchell, however, said the timeshare legislation before the committee would not allow a real estate licensee to sell timeshares because the anticipated examination for the timeshare salespeople would have to do primarily with the timeshare industry, however a real estate person could take that exam also.

There being no further questions from the committee, Sen. Mazurek closed his presentation on SB 213.

DISPOSITION OF SENATE BILL NO. 213: Sen. Williams MOVED SB 213 DO PASS, seconded by Sen. Thayer. Mary McCue stated that there was an amendment that should be taken care of on page 14, line 25. She said the amendment had been given to her by her staff drafter and thought the amendment had come from Mr. Mitchell. The word "violate" on page 14, line 25 should be "voidable". Sen. Walker MOVED ADOPTION OF THE AMENDMENT, seconded by Sen. Hager. The MOTION PASSED UNANIMOUSLY.

Sen. Williams then MOVED SB 213 DO PASS AS AMENDED, seconded by Sen. Thayer. The MOTION CARRIED with Sen. Neuman voting "no".

CONSIDERATION OF SENATE BILL NO. 210: Sen. Thomas Keating, Senate District 44, prime sponsor, stated the bill provides that services provided by licensed professional counselors are included as compensable for the purposes of disability insurance and health service corporation plans. It also includes the services of licensed professional counselors in the definition of medical assistance for the purpose of Medicaid. He also gave some history of the bill request and explained how the professional counselors were left out of the previous statute. This bill would simply allow the professional counselors to provide the same service as the social workers and the clinical psychologists and have the same treatment and coverage from the insurance companies so they can receive third party payments just as their counterparts.

Sen. Keating said this would not raise insurance premiums. The set-up right now is not fair distinguishing between the different services.

PROPONENTS: Ted Doney, representing the Montana Mental Health Counselors Association, wanted to repeat what Sen. Keating had said - this bill is intended to mirror to the statutes exactly the same provisions that now apply for social workers and clinical psychologists. He said he had drafted this legislation and copied it from the codes as it is for social workers. They got their legislation through last session. There is one technical correction in the bill in the title, line 10, the section that is being repealed is not correct - it should read 33-30-1012 and that would be true in the repealing section on the last page. (EXHIBIT 1)

Joan Rebisch, Director of Social Services at the Deaconess Intermountain Home for Children, spoke at the hearing in the capacity of Vice President of the Montana Mental Health Counselors Association and wanted to bring out some of the things that the opponents would speak to. First of all, she said, the insurance people would say this is going to cost more. She referred to a handout that was provided to the committee. (EXHIBIT 2) She urged the committee's support of SB 210, as it would save money in the long run.

Dwight Leonard, Licensed Professional Counselor, said he had been working in private practice about the last five years with two psychiatrists, a clinical psychologist and one psychiatric social worker. He also gave his education and qualifications. He said part of the reason he would like to see this bill passed is it would give freedom of choice. He spoke about the competency requirements of their profession, i.e., a board of ethics, continuing education, etc. He felt there would be more counselors than clinical professionals.

Sally McCarthy, Montana Mental Health Counselors, licensed in the state as a professional counselor stated her educational and qualification backgrounds. She said she does evaluations for the court, for attorneys, for social services and other mental health professionals. She said at the present time, because she is not able to collect third party payments, only those people in the higher economic social level can afford the service. She stated she would like to be able to provide that service to those other people who have insurance and would like the services.

Carl Boedeck, Counselor in private practice in Missoula and a licensed professional counselor, commented that they are talking not about professional counselors but licensed professional health services and it is important to remember the difference between the licensed and unlicensed. He said there is always in the public view some kind of an image of different professions

and they believe that psychiatrists are at the top, then clinical psychologists and the social workers and on down. He said that image is incorrect - all professions have different types of people who choose different routes within those professions. Another point he made was that they would not be in private practice if they were incompetent; most of their business is referrals. He said in Missoula, persons going to the established centers for drug or alcohol counseling, wait up to two months on occasion for treatment. If the counselors who specialize in this area were eligible for third party payments they could see them. He said he turns people away because they say their insurance won't pay for treatment. This is unfair that they must wait this long, and sometimes longer, to receive treatment.

Jan Shaw, serving on the Board of the Montana Residential Child Care Association which represents over 38 child care agencies throughout the State, urged the support of SB 210.

OPPONENTS: Joy McGrath, representing the Mental Health Association of Montana, appeared in opposition to the bill.

Steve Waldron, representing Montana's Community Mental Health Centers, stated that some of the proponents to the bill had very impressive credentials and if the bill required those credentials they would not be before the committee to oppose the bill. He felt the current regulations pertaining to counselors is quite loose and said it was only last October that they began licensing their people, however, the law has been on the books since the last legislature. Until they are assured that these people have training in diagnosis and treatment of mental illness, they didn't think the bill should be passed. He urged the committee to not pass the bill until the current requirements for counselors assure that those counselors will, in fact, have the training to treat mental illness.

Pat Callbeck Harper, Montana Psychological Association, brought copies of testimony from Dr. William Bredehoft, a practicing clinical psychologist in Billings. (EXHIBIT 3)

Annie Bartos, Attorney in Helena, represented the Montana Medical Association, who wished to be on record in opposition to the SB 210.

Steve Brown, Blue Cross/Blue Shield, said it had been their experience, as a general rule, if you increase the number of providers who are entitled to third party reimbursement, there would be an increased cost associated with the reimbursement for those services. He believed that was supported in the testimony by the proponents. The fact that psychologists, psychiatrists and social workers being booked up is not going to go away just because the licensed professional counselors will be entitled to third party reimbursement. He said there would be a significant increase in the total payout.

He stated that Blue Shield/Blue Cross believe there is a vagueness in the definition of what a professional counselor does. He asked the committee to refer to section 37-23-102, the definition of a professional counselor, which he read to the committee. He said he did not think this provides any limitation on the kinds of services provided by a professional counselor. He urged the committee to give the bill a Do Not Pass recommendation in its present form.

Tom Hopgood, representing the Health Insurance Association of America, appeared in opposition to the bill. He said he hadn't seen any consumer groups or consumers saying they want the services of a licensed professional counselor but they can't get it because the insurance doesn't pay for it. The law now requires every company in the state of Montana to make this type of coverage available. You compound that increased premium when there is mandatory third party payments. With mandatory coverage the premiums go up and again go up with mandatory third party payments.

DISCUSSION OF SENATE BILL NO. 210: Chairman Kolstad called for questions from the committee.

Sen. Williams questioned Sen. Keating about a statement of intent for the bill as he felt there should be one. Sen. Williams said he understood the intent of the bill is for third party payment. Sen. Keating said the bill puts the licensed professional counselors into the same part of the law as social workers which allows them third party payments for insurance coverage for their services.

Sen. Weeding asked Sen. Keating about the statement that this might open the door to high school counselors or alcohol counselors and wanted to know if there was any substance to that. Sen. Keating replied that the bill is talking about licensed professional counselors - the law already provides that a professional counselor, or any counselor, who wishes to become licensed must go before the Board and pass the test and pass the Board in order to become licensed. In this way it is not just somebody off the street that will hang out their shingle and start collecting third party payments.

Sen. Neuman pointed out that the proponents said there wouldn't be an increase to the State in medicaid costs and the opponents said the opposite was true and asked Sen. Keating to address that. Sen. Keating said under insurance policy payments, benefits are usually limited and specified so certain benefits get a certain amount and the same with medicaid. Social workers are paid a certain value for their services under the medicaid schedule or under the insurance schedule; professional counselors would fall into that same category and be paid probably that same reimbursement which would be equality in payment for services.

Sen. Neuman wanted to know if the price would go up. He said Rep. Winslow had told him there was a $10 million shortfall in the medicaid program. He said he understood the equality part of the bill but asked if there wouldn't be a significant increase in cost. Sen. Keating said there are 100 licensed social workers and 46 licensed professional counselors and said no one in opposition to the bill had demonstrated that when the social workers were licensed and came under the same law that there was a tremendous impact on medicaid or consumers from the coverage of social workers who are at least double in number.

In response to a question from Sen. Thayer, Mr. Hopgood said it was a demonstrated fact when you have mandated coverages and mandated third party payments that premiums do go up. Sen. Thayer asked the same question of Steve Brown who represented Blue Shield/Blue Cross. He replied that he would get some figures together for the committee. It only stands to reason when you increase the providers the cost will increase also.

Sen. Williams asked if the insurance companies single out providers of services like this; do they zero in on them and adjust their rates? Chuck Buttler, Blue Cross/Blue Shield Vice President, said premiums are established based on utilization of care and if they add another provider group the cost of the coverage will go up as the utilization of the services will be increased. The individual charges are not any higher or lower; it is just that there are more providers of services.

Sen. Weeding asked Mr. Hopgood if most policies don't have a mental health clause in them and would they not cover the area of professional counselors at this time? Mr. Hopgood said mental health coverage is mandated at the present time so whether there is a clause in the contract or not it is covered automatically by the operation of law. The Freedom of Choice Act provides that if the services are provided by certain types of practitioners then third party payments are authorized. The law currently provides if somebody wants to see a licensed professional counselor - if they want that type of insurance it is there - the company doing business in the state of Montana has to offer licensed professional counselor coverage as an option. It would be up to the company if they were going to charge an extra premium for that but he presumed that they would charge extra for that.

There being no further questions, Sen. Keating closed stating that the bill is not a health issue; it is a business issue and that is why it is in this committee. He said he knew from personal experience what it means to not have insurance coverage for counseling. He said the committee must take into consideration the fact mental health counseling early on is a savings

and did not understand the insurance companies objecting to a miniscule addition to premiums for a few licensed professional counselors when some less expensive counseling by these people can actually evoke a savings in physical health and mental health that would be covered under their insurance policy. He said it has been statistically proven that people with mental health problems, or emotional problems, have more medical problems also, and medical problems are expensive; so, for a little bit of inexpensive mental health counseling they could negate a bunch of physical medical expense. He said we have already established that social workers and licensed professional counselors are the same, come under the same board, are licensed through the same process and are supposed to receive equality under the law but they are not and that is the issue - equality under the law.

The hearing was closed on Senate Bill 210.

CONSIDERATION OF SENATE BILL NO. 237: Sen. Paul Boylan, District 39, Bozeman, chief sponsor of SB 237, said the bill amends the minimum wage and overtime compensation laws to provide that radio and television station advertising salesmen are excluded from the overtime compensation requirements. The effect is that an employer would not have to pay these persons at the overtime rate of 1 1/2 times the hourly wage for hours worked over 40 per week. This exclusion applies to "a salesman paid on a commission or contract basis who is primarily engaged in selling advertising for a radio or television station employer."

PROPONENTS: Jerome Loendorf, representing the Montana Broadcasters' Association, said the bill is a simple bill and he did not believe there were any opponents to it. He pointed out the other people that have been exempted from the law for overtime pay such as people who sell automobiles, trailers, boats, aircraft, etc. Federal law exempts from the Federal Fair Labor Standards Act all outside salesmen. These people work away from the employer's place of business so they are not under the supervision of anyone. They are almost in business for themselves as they are paid on a commission basis. Salesmen work at different hours than the rest of us; lunch, coffee, breakfast or after hours. He said there are good reasons to allow them that liberty and asked for a do pass recommendation from the committee.

Dan Schneider, Montana broadcaster and General Manager of KCAP in Helena, said the bill would not restrict their movements and tie their hands or hamper their abilities to make money - it would do the opposite. He said that any person that wishes to work long hours in the day and make more money deserves a pat on the back and encouragement as that would keep the innovation in the state of Montana and asked the

SENATE BUSINESS & INDUSTRY
EXHIBIT NO. 1
DATE 2-12-87
BILL NO. SB 210

EXPLANATION OF SENATE BILL 210

Prepared by Montana Mental Health Counselors Association

Senate Bill 210 revises existing law to provide for third party payments to professional counselors who are licensed by the Board of Social Work Examiners and Professional Counselors. In other words, it provides that professional counselors can be paid for their services through insurance coverage, including regular health insurance, group health insurance, and medicaid.

Professional counselors are licensed in Montana through the Board. To be licensed under current law, a counselor must have a graduate degree in a counseling field; have completed 2,000 hours of postdegree work experience as a counselor in a hospital, school, agency, or other supervised setting; and have passed an examination administered by the Board. To be licensed after December 31, 1987, a counselor must have completed a planned graduate program of 90 quarter hours, primarily counseling in nature, nine quarter hours of which were earned in an advanced counseling practicum, which resulted in a graduate degree; have completed 2,000 hours of counseling practice supervised by a licensed professional counselor or licensed member of an allied mental health profession; and have passed an examination administered by the Board.

Professional counselors consist primarily of mental health counselors in alcohol and drug counseling, family and marriage counseling, and employee and student counseling. They are very comparable to social workers.

Currently there are 46 professional counselors licensed by the Board; 24 more applications are pending. There are currently 149 licensed social workers, and it is estimated that approximately that same number of professional counselors will eventually be licensed in Montana. Only 39 of the 149 social workers are registered as medicaid providers with SRS, and about the same number of professional counselors will probably register for medicaid coverage.

Senate Bill 210 was drafted to provide exactly the same insurance coverage as is now provided in the statutes for social workers. Because of the close similarity in the two professions, the professional counselors believe that Senate Bill 210 only corrects an inequity that was created when the professional counselors' licensing legislation was enacted in 1985. During that same legislative session, legislation was enacted that provides social workers with third party payments. At that time, however, the professional counselors had no licensing law.

There is ample evidence that enactment of Senate Bill 210 would not increase medical care costs, including costs for insurance coverage. In fact, the opposite is likely to occur, as shown by recent studies that indicate that early and competent mental

health counseling results in considerably reduced medical care needed at a later date. Data on the results of these studies, including one done by Blue Shield of Pennsylvania, is available from the Montana Mental Health Counselors Association.

The Montana Mental Health Counselors Association urges the Legislature to enact Senate Bill 210.

ROLL CALL

Business & Industry COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date 2/12/87

NAME	PRESENT	ABSENT	EXCUSED
ALLEN C. KOLSTAD, CHAIRMAN	✓		
TED NEUMAN, VICE CHAIRMAN	✓		
PAUL BOYLAN	✓		
TOM HAGER	✓		
HARRY H. McLANE	✓		
DARRYL MEYER	✓		
GENE THAYER	✓		
MIKE WALKER	✓		
CECIL WEEDING	✓		
BOB WILLIAMS	✓		

Each day attach to minutes.

DATE Febr. 12, 1987

COMMITTEE ON Business & Industry

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Les Tanberg	MMHCounselors Assoc	210	X	
Bob Howard	Mont Hosp Assn	239	X	
Ted J. Dorgan	Mont. Mental Health Counselors Assn	210	X	
Mark Weberman	MT. Assoc. for Rehab	210	X	
[illegible]	self	211	X	
George W. Marriott	MT Press Assn.	237	X	
Robert Hanson	MT Bankers Assn	237	X	

(Please leave prepared statement with Secretary)

DATE Febr. 12, 1987.

COMMITTEE ON Business & Industry Thursday

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
BOB HELDING	MT. ASSOC. OF REALTORS	SB 213	X	
Jon Rehbein	Mont Mental Health Couns	SB 210	X	
Kelly McCarthy	" " " "	" "	X	
Jack Shea	MT Registered Child Care Assn	210	X	
Dan Sanders	Montana Bankers	237	X	
Robert C Marvin	Montana Bankers	237	X	
John L Mosher	Montana Bankers	237	X	
DEAN WILLIAMS	MT. BANKERS	237	X	
Cecil Weeding	Mental Health Assn MT	210		X
Pat Callbeck Hayes	Mt Psychological Assoc	210		X
Steve Waldron	MT. Council Mental Health Clns	210		X
Don Brandt	Mt Bankers Assn	237	X	
[illegible]	MT Bankers	237	X	
[illegible]	[illegible]	210		
ANNIE BARTOS	Montana Medical Assn	210		✓
Steve Brown	Blue Cross - Blue Sh.	210		X
Tom McLeod	Health Insurance Assoc	210		X
SARAH HEROLD	Counselors	210	X	
Lang Mitchell	Dept of Commerce/Bd Realty Reg	213	X	
Jay Bonner	Board of Realty Regs	213	X	
A. Clark Ambler	Mental Health - Reg V			X
DAVID L MCKINNAN	MT Public Hlth Assn	213	X	
Mark McKinney	Chemical Dependency Prog	269		
Connie Peterson	Nat. Franchise	837	X	
JENNIFER DUNN	R.N. NURSE			
[illegible]	M.B.A.	237	✓	

(Please leave prepared statement with Secretary)

Joan Kebisch

SENATE BUSINESS & INDUSTRY
EXHIBIT NO. 2
DATE 2-12-87
BILL NO. SB 210

Information regarding

Senate Bill 210

provided by the

Montana Mental Health Counselors Association

Montana is a state in which medical service is in short supply. medically underserved, qualifying the state for special programs to attract doctors. A National Institute of Mental Health study reveals that reducing insurance coverage for mental health care may be a short-sighted approach to health care cost containment.

The study compared overall health care costs for Federal Employees Health Benefit Program enrollees who did and did not use mental health services from 1980 to 1983.

The researchers found that the overall health care costs for individuals receiving mental health treatment rose gradually during the three years prior to treatment, and then dropped significantly following treatment entry.

"Although the study population -- federal employees -- is not necessarily representative of other insured groups, the findings indicate that the use of mental health coverage may provide an important vehicle for reduction in general health care use and costs," said Paul Widem, coordinator of the study at NIMH.

The drop in general health care costs for persons eventually receiving mental health treatment was "dramatic" according to Widem. He added that the results "call for a rethinking of any attempt to reduce mental health coverage."

The study found that total monthly health care costs of mental health care recipients increased from about $103 three years prior to treatment to more than $493 during the six months before treatment. Costs declined to an average of $239 per month during the first six months of treatment and three years after treatment initial costs fell to $137 per month.

Today, most Americans have more health insurance coverage to pay for physical ailments, such as a broken leg or cardiovascular disease, than for mental disorders. Yet the odds of needing mental health treatment are five times higher than needing open heart surgery, the experts say. During any 6-month period, approximately 29.4 million adult Americans suffer from one or more mental disorders (1).

Equitable Group and Health Insurance Co., New York, finds fewer employees go on disability and take long leaves of absence, saving money on health benefits, as the result of its "personal concerns" counseling program. Better benefits can cut overall medical bills, says Towers, Perris, Forster & Crosby, New York, consultant.

In cases where the availability of outpatient Mental Health coverage does increase demand, it is possible that this increase is balanced by a decrease in medical or inpatient Mental Health claims. When outpatient coverage is limited or not offered, patients seeking help may resort to medical or inpatient treatment, at a higher expense to the insurer. Sharfstein (2) reports that in 1973-4, physicians reported 13 million office visits for colds, 18 million for back problems, 12 million for headaches, and 12 million for fatigue. Summaries of studies of offsets in medical utilization show that in general psychotherapy

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permits a reduction in medical utilization of around 20 to 25 percent. As for inpatient usage, one cost utilization study calculated that the cost of a neighborhood Mental Health unit could be met through the cost of only six chronic patients who would otherwise be institutionalized. So although demand for outpatient services may increase as a result of expanded coverage, this increase may actually be representing a transfer of costs from medical and inpatient sources, resulting in overall savings for the insurer. (2).

A 1984 study by National Institute of Mental Health (3) states that 20% of the population of the U.S. over age 18 suffers from a mental disorder. 12% of these under 18 -- 32% in all. At risk groups include those in rural areas and low socio-economic groups.

A study of Federal employees insured by Blue Cross/Blue Shield (4) supports the contention that mental health treatment can cut medical costs. Research was conducted by tracking patients who suffered from heart disease, respiratory problems and diabetes. Total health care costs were reduced by 57% by the end of the second year and 66% by the end of the third year after diagnosis for those who had received counseling than for those who did not. Mental health treatment was cost effective for those who had a minimum of seven visits. The research concluded that those who receive mental health treatment were more likely to improve health related behaviors.

From data collected over a period of 18 years at the Kaiser Permanente HMO in California, N.A. Cummings reported that mental health treatment does reduce medical costs. Some of his conclusions were: (1) 60% of all medical patient care was due to mental rather than organic illness. (2) Even one visit to the mental health provider can reduce medical care by 60% over the next 5 years. (3) Six visits can reduce medical care utilization by 75% over the same time period (5 years). (4) A 12% reduction in the total medical care costs and a 68% reduction in hospital days were calculated by the 5th year after mental health treatment. Brief intervention, an average of 8 visits, seemed to be most cost effective. Cummings concluded that mental health treatment more than pays for its way by reducing medical costs. He also reported the 29 additional studies previously funded by the federal government replicate his findings.

At the University of Colorado, School of Medicine and the Denver VA Medical Center, Mumford, Schlesinger, and Glass (5) found that surgical or coronary patients who received mental health treatment left the hospital an average of two days earlier than those who did not. Mental health treatment can be cost effective, the study concludes.

Schlesinger, Mumford, Glass, Patrick, and Sharfstein (6) compared chronically ill federal employees covered with Blue Cross and Blue Shield from 1974 through 1978 who were first diagnosed and within one year began mental health treatment to persons who were also diagnosed but had no subsequent mental health treatment. In the third year following diagnosis, those having seven to twenty mental health treatment visits had medical charges $309 lower and

those having over 21 visits had medical charges $284 lower than the comparison group. The savings in medical charges over the three years of the group having 7 to 20 mental health visits were a function of lower use of inpatient services and roughly equalled the cost of 20 mental health visits. The researchers concluded that outpatient mental health treatment can be included in a fee-for-service medical care system to improve the quality and appropriateness of care and, if not extensive, may also serve to lower medical care costs.

Schlesinger, Mumford, and Glass (7) analyzed 510 outcome indicators from mental health treatment experiments that had economic implications, such as days lost from work, days of hospitalization, etc. and found that the average mental health treated person exceeded the average control subject by .51 to .78 standard deviation units. They reported that the effects of mental health treatment upon use of other medical services showed an average reduction of up to 20 percent. Jones and Vischi (8) review the studies of the effects of alcohol, drug abuse, and mental health treatment yielded similar findings.

Jameson, Shuman, and Young (9) conducted a study of a fee-for-service system which covered up to 50 visits per year of outpatient mental health treatment and considered only the effects of hospitalization and certain hospital -- based outpatient services. They found a reduction of about 30% in medical costs.

Lieberman (10) conducted a study funded by the National Cancer Institute at the Jefferson Medical College in Philadelphia. Lieberman reported that mental health treatment was effective in controlling cancer pain and reduced admissions to the hospital. The findings of this study add support to the fact that mental health treatment can be cost effective.

Margollis (11) reported first hand experience in the ability of mental health treatment to lower medical costs. As a consultant to the Hemophilia Foundation, she found that not only was the number of problem patients substantially decreased with mental health treatment, but it also prevented a significant number of patients from developing chronic mental health problems.

Sharfstein (12), who is Assistant Medical Director of the American Psychiatric Association, reported definite evidence that mental health treatment does cut medical costs.

Blue Shield of Pennsylvania (13) found medical-surgical expenditures reduction of 57% among patients when a two year period after mental health treatment was compared to a similar period before.

Twelve of 13 mental health studies (14) conducted over a period (1962-1978) showed a reduction of medical care utilization following mental health treatment from 5% for outpatient services to 85% for hospital stays. The median reduction was 20%.

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Psychiatrists' Fees

The median fee charged by psychiatrists for individual therapy is $70.00, the modal or more popular fee is $60.00, while 6% charges $100.00 or more per hour (15). The same report found that they charged a median fee of $100.00 for family therapy with 15% charging $150 or more. GLS Associates (16) reported the average fee charged by psychiatrists to be $65.00. Covin (17) reported median and modal fees of $40.00 for both family and individual therapy charged by doctoral level Licensed Professional Counselors in Alabama. Weikel, et.al., (18) reported an average fee of $35.00 for individual therapy charged by counselors throughout the United States. Seligman and Whitley (19) reported an average fee of $41.95 for individual therapy charged by counselors in Virginia.

Psychologists' Fees

The average fee charged by a psychologist is $53.00 according to GLS Associates (20). Covin (21) found the average fees charged by those counselors below the doctoral level to be $43.97, for counselors at the Ph. D. level to be $43.75 and for counselors at other doctoral levels (Ed. D., S.T.D., and D.D.) to be $48.32. Weikel, et. al., (22) reported an average fee of $35.00 for individual therapy charged by counselors throughout the United States. Seligman and Whitley (23) reported an average fee of $41.95 for individual therapy charged by counselors in Virginia.

Increased availability of mental health treatment services does not mean drastically higher medical care costs according to a study by researchers at the Rand Corporation (24). They found that only 9% of those with full mental health care coverage for up to 52 visits per year received any mental health treatment and only 5% underwent counseling. Only a small percentage of those with liberal mental health benefits actually used it. The same study also found that there were about the same number of people utilizing medical doctors, the general practitioner and internist for informal counseling as there were those using psychiatrists and other mental health providers for "formal" counseling.

The availability of mental health services in a health contract does not increase the use. Rand Corporation (25) researchers found that the pattern for the use of mental health services in contracts was not significantly different from the pattern of use of the other health services under similar contracts.

Increased availability of mental health services through third party payments does not equal increased use, according to a Department of Defense study of its CHAMPUS program (26). The researchers found that CHAMPUS, which offers some of the most liberal benefits of all insurance contracts, yielded the second lowest counseling utility charges of any five Federal Employee Programs. Among the 8 million people eligible for CHAMPUS, the per capita dollar utilization rate was $24.13 per covered person.

A comparison of this rate with the utilization charges of the other programs reveals the stresses of diplomacy produce a $89.46 rate for Foreign Service employees, those covered by Blue Cross/Blue Shield have a $46.35 rate, and those insured by Aetna

have a $29.09 rate. Letter carriers have the lowest rate, a $19.22 per capita charge (27).

Researchers at the Rand Corp, a Santa Monica based think tank, reported in 1983 that employers or insurance companies would face only a small increase in costs if they offered full mental health coverage to participants in health care plans.

The federally funded study of 7,706 randomly selected people found that a full coverage health care plan paid out an average of only $24 a year per insured family for mental health treatment -- about 5% of the amount paid for all health services. Only 5% of those with full coverage underwent psychotherapy.

In Virginia, Blue Cross and Blue Shield recognized in 1984 that Professional Counselors' services were covered under their standard policies.

A 1983 ruling by Florida's Insurance Commission made state counselors eligible recipients of third-party payments. The action, keeping with the state's freedom of choice legislation, required group insurance policies covering mental or nervous conditions to include counselors as service providers.

In 1980, licensed professional counselors were included by the U.S. Office of Personnel Management as health care providers whose services were reimbursable under federal employee insurance contracts. To qualify, counselors must serve consumers in areas designated by the OPM as having shortages in primary medical care manpower.

The Los Angeles Times, February 23, 1986, wrote the Legislature in California is preparing to consider a proposal that would require all health insurance sold in the state to contain minimum coverage for mental health treatment. This bill would require all mental health insurance co-payments and deductible charges to be the same as for other health insurance. The bill would place a lifetime maximum benefit per individual at 20% of the total major medical insurance coverage or $100,000 whichever is less. Similar measures have been enacted in 14 other states.

The United States Office of Personnel Management (OPM) no longer supports the view that mandating coverage of additional categories of mental health providers will lead to the inevitable increase in and utilization of and consequently in costs paid for the delivery of psychotherapy. In the March 1986 report, the OPM recommended the separate evaluation of each category of health care practitioners in order to determine the quality of care issues. Criteria for the evaluation include the existence of a clearly defined body of knowledge, a body of professional standard practices to be adhered to, and some form of accreditation or certification process.

This opens the door for mental health counselors who have met National Academy of Clinical Mental Health Counselor certification to be approved by health care providers by the OPM. Thus their services can be recognized and reimbursed under the

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more than 300 Federal Employees Health Benefit plans.

In 1985, Blue Shield of California agreed to include licensed marriage, family and child counselors as "participating health care professionals" in its medical coverage plans.

Colorado Insurance Commissioner J. Richard Barnes required in February 1984 that counselors' services be recognized and paid for by health insurance companies operating in that state.

On June 3, 1985, the United States Supreme Court upheld the constitutionality of a Massachusetts law which mandated minimum mental health benefits be provided state residents insured under health insurance policies. Thus, mandated mental health coverage is a function which can be controlled by state government.

Fees charged by counselors range on average between $35.00 and $50.00 per 50 minute session compared with $60.00 to $70.00 for a psychologist and $100.00 and more by a psychiatrist. Some cases should be seen by a psychiatrist and knowledge of referral is expected of a counselor, but well over 50% of the counseling that is done is presently being done by counselors.

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22. Same as 18.

23. Same as 19.

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27. A Perspective on Third Party Reimbursement and the Licensed Professional Counselor in Alabama. Theron Michael Covin, Ed. D., LPC, NCC, CCMHC, Center for Counseling and Human Development, Ozark, AL, 1985.

NAME: Pat Caulbeck Haynes for Dr. Wm. Bredehoft DATE: 2-12-87

ADDRESS: 3112 Farnam, Billings

PHONE: O: 256-2560

SENATE BUSINESS & INDUSTRY
EXHIBIT NO 3
DATE 2-12-87
BILL NO SB-210

REPRESENTING WHOM? MT Psychological Assoc.

APPEARING ON WHICH PROPOSAL: SB 210

DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? X

COMMENTS: Attached.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

mpa

MONTANA
PSYCHOLOGICAL
ASSOCIATION

BETTY L. WADDELL President	657-1067
WILLIAM BREDEHOFT Secretary	256-2560
J. WESLEY REILLY Public Relations	656-5123
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RICHARD TRAYNHAM Insurance Issues	586-7776

SENATE BUSINESS & INDUSTRY
EXH'BIT NO 3
DATE 2-12-87
BILL NO SB-210

mpa

MONTANA
PSYCHOLOGICAL
ASSOCIATION

WHO ARE WE?
WHAT DO WE DO?
HOW CAN WE HELP YOU?

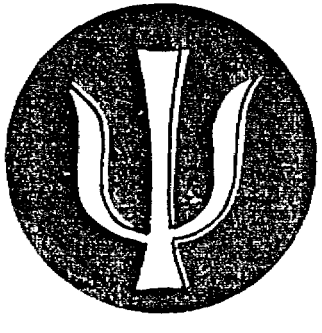
WHO ARE WE?

The **MONTANA PSYCHOLOGICAL ASSOCIATION** is a professional orginization of approximately one hundred persons trained in psychology. Our members live and work in all parts of Montana.

The purposes of the Association are:

- To advance psychology as a science and as a means of promoting human welfare.
- To foster and maintain high standards of research, teaching and practice in the field of psychology.
- To make available to the public, information regarding psychology as a science and profession.

MPA is affiliated with the **AMERICAN PSYCHOLOGICAL ASSOCIATION**



WHAT DO WE DO?

You'll find us in all areas of the state in many different work settings.
As psychologists, we:

- Conduct basic **RESEARCH** to better understand the complexities of human behavior. Most **MPA** members are trained researchers; the advancement of knowledge is central to our profession.
- **TEACH** in secondary schools, universities, and graduate schools.
- Work in **MENTAL HEALTH FACILITIES** and **HOSPITALS** as therapists, researchers, planners, and administrators.
- Work within the **JUDICIAL SYSTEM** helping to find better answers to complex human problems.
- Practice in **CLINICAL SETTINGS** offering assessment and therapy.
- **CONSULT** with business, industry, schools, and government, showing how use of psychological principles can improve performance, satisfaction and health.
- **WRITE** articles and books on a multitude of issues.
- **PROVIDE INFORMATION** to the media, government, organizations, and the public.

HOW CAN WE HELP YOU?

--CONSUMER PROTECTION--

- **MPA** assists the community by reviewing and insuring that acceptable standards of mental health care are being applied to psychologists.
- **MPA** works to reduce the cost of health care by monitoring insurance coverage for mental health services.

--PUBLIC INFORMATION & EDUCATION--

- **MPA** keeps the community informed about psychology and psychologists. We help community members know who psychologists are, what we do, and how we can be of help.
- **MPA** provides educational opportunities for our members and other professionals to advance their knowledge and skills.
- **MPA** helps educate the community about social issues involving psychology as well as advances in psychology that help promote community welfare.

--LEGISLATIVE SUPPORT--

- **MPA** provides information and testimony to the legislature in order to enhance public well-being.

SENATE BUSINESS & INDUSTR
EXHIBIT NO. 3
DATE 2-12-87
BILL NO. SB-210

Testimony of Dr. William Bredehoft on behalf of the Montana Psychological Association on SB 210, February 12, 1987

Many of us in the mental health community are concerned about the effect SB 210 will have. Providing third party payments for counselors carries with it the assumption and implication that licensed counselors have adequate training and experience to diagnose and treat mental illness. Unfortunately, this is not the case under the current licensure law for counselors. The law is so weak that there is no assurance that a licensed counselor will be capable of diagnosing or treating mental illness.

A comparison of the licensing laws for psychologists, social workers, and counselors makes the weakness of the counselors' law apparent. To be licensed, a psychologist must have a doctorate degree in psychology and two years of experience supervised by a licensed psychologist, that is, someone with extensive experience in the diagnosis and treatment of mental illness.

Social workers need a doctorate or masters degree in social work and one and one-half years of post-degree work experience providing psychotherapy.

In contrast, counselors need only have a graduate degree from a planned graduate program which was **"primarily counseling in nature"** and one-half year of post-degree practice, which can be supervised by another counselor.

The problem with the counselors' licensure law is that someone could complete a program in rehabilitation counseling or school counseling and have very minimal exposure to diagnosing and treating mental illness; then work for only one-half year supervised by a counselor who also has inadequate training in diagnosing and treating mental illness; and then be licensed as a counselor.

Thus the public has no assurance at all under the current law that a licensed counselor will be able to diagnose or treat mental illness. Until the law is strengthened to adequately protect the consumer, it would be folly to further legitimize counselors in the public's eye by authorizing third party payers to cover therapy with them.

To safeguard the public's interests, the counselor's licensure law should be amended and strengthened to guarantee that any licensed counselor will have adequate training and experience to diagnose and treat mental illness. Until this is accomplished, it is the position of the Montana Psychological Association that counselors should not be granted credibility in this area or encouraged to open private practices when they may lack the fundamental skills necessary to diagnose and treat mental illness.

Dr. William Bredehoft, practicing clinical
psychologist, 3112 Farnam, Billings
Office: 256-2560

In closing, it was pointed out that this bill would require the transient merchants to adhere to what the established merchants are now doing. It also allows the state to know how much revenue is leaving the state.

DISPOSITION OF SENATE BILL NO. 318: Sen. Williams MOVED SB 318 DO PASS, seconded by Sen. Meyer. The MOTION CARRIED with Sens. Neuman and Thayer voting "no".

DISPOSITION OF SENATE BILL NO. 99: Mary McCue said the amendments would limit the effect exclusively to the sapphire and would clarify what kinds of treatment might be used to enhance sapphires that were not genuine Montana sapphires. Sen. Williams MOVED ADOPTION OF THE AMENDMENTS, seconded by Sen. Meyer. The MOTION CARRIED UNANIMOUSLY.

Sen. Boylan MOVED SB 99 DO PASS, AS AMENDED, seconded by Sen. Williams. Sen. Neuman expressed his opposition because of a loophole and also because there is some federal regulation concerning this. The MOTION CARRIED with Sens. Neuman, Weeding, Walker and Hager voting "no". (EXHIBIT 1 attached)

DISPOSITION OF SENATE BILL NO. 210: Ms. McCue indicated some statute numbers needed to be changed. Sen. Boylan MOVED ADOPTION OF THE AMENDMENTS, seconded by Sen. Weeding. The MOTION CARRIED.

Sen. Boylan MOVED SB 210 DO PASS AS AMENDED, seconded by Sen. Weeding. Ted Doney, a proponent, said there are 46 licensed counselors now and he asked Joan Rebisch to respond. Ms. Rebisch replied that it took a long while because of the wording and these people were not eligible until that problem could be solved. There are no high school counselors, who are only high school counselors, that would be eligible for this licensure.

Sen. Thayer asked Ms. Rebisch what would happen to the other persons who are not licensed. She responded that the mental health organization asked that diagnosis and treatment of mental illness be specifically inserted into the course work, which will be done by MSU and UofM.

Sen. Hager asked if there would be any group that would be grandfathered from the license. Ms. Rebisch replied there would not and also stated that the required education for this is a master's degree.

The question being called, the MOTION PASSED with Sen. Neuman voting "no".

DISPOSITION OF SENATE BILL NO. 237: Sen. Thayer MOVED SB 237 DO PASS, seconded by Sen. Meyer. The MOTION CARRIED with Sen. Walker voting "no".

STANDING COMMITTEE REPORT

FEBRUARY 16, 19 87

MR. PRESIDENT

We, your committee on BUSINESS AND INDUSTRY

having had under consideration SENATE BILL No. 210

FIRST reading copy (WHITE color)

DEFINING PROFESSIONAL COUNSELORS AS HEALTH CARE PROVIDERS

Respectfully report as follows: That SENATE BILL No. 210

be amended as follows:

1. Title, line 10 suggested to be line 10 — not line 1
Strike: "30-33-1012"
Insert: "33-30-1012"

2. Page 7, line 2.
Strike: "30-33-1012"
Insert: "33-30-1012"

AND AS AMENDED

DO PASS

~~DO NOT PASS~~

SENATOR KOLSTAD, Chairman.

ROLL CALL

Business & Industry COMMITTEE

50th LEGISLATIVE SESSION -- 1987 Date 2/16/87

NAME	PRESENT	ABSENT	EXCUSED
ALLEN C. KOLSTAD, CHAIRMAN	✓		
TED NEUMAN, VICE CHAIRMAN	✓		
PAUL BOYLAN	✓		
TOM HAGER	✓		
HARRY H. McLANE	✓		
DARRYL MEYER	✓		
GENE THAYER	✓		
MIKE WALKER	✓		
CECIL WEEDING	✓		
BOB WILLIAMS	✓		

Each day attach to minutes.

ROLL CALL

Business & Industry COMMITTEE

50th LEGISLATIVE SESSION -- 1987 Date 2/17/87

NAME	PRESENT	ABSENT	EXCUSED
ALLEN C. KOLSTAD, CHAIRMAN	✓		
TED NEUMAN, VICE CHAIRMAN	✓		
PAUL BOYLAN	✓		
TOM HAGER	✓		
HARRY H. McLANE	✓		
DARRYL MEYER	✓		
GENE THAYER	✓		
MIKE WALKER	✓		
CECIL WEEDING	✓		
BOB WILLIAMS	✓		

Each day attach to minutes.

whole fee schedule on a percentage basis and if that should pass, that would solve the problem as it would equalize out the fees and would be much more fair. Sen. Neuman agreed with the statement of Sen. Thayer and said this approach would exclude the state forever of getting a part of the gambling proceeds from these machines. The MOTION CARRIED UNANIMOUSLY.

DISPOSITION OF SENATE BILL NO. 360: Sen. Thayer asked that Ms. McCue draft the amendment as discussed, agreed to by Sen. Meyer. Ms. McCue stated the following amendment: "Any other notice, whether constructive or actual, would not be sufficient to allow the supplier to go against the bond." Sen. Thayer MOVED ADOPTION OF THE AMENDMENT, seconded by Sen. Meyer. The MOTION CARRIED UNANIMOUSLY.

Sen. Thayer MOVED SB 360 DO PASS AS AMENDED, seconded by Sen. Meyer. The MOTION CARRIED UNANIMOUSLY.

Sen. Kolstad being present, stated he had a telephone call from the Department of SRS informing him they would be receiving some communication from the Federal Department of Health and Human Services in Denver in regard to SB 205, the pharmacy voucher bill.

RECONSIDERATION OF SENATE BILL NO. 210: Sen. Neuman stated that apparently when the bill was passed out of committee they didn't amend all the proper sections. Sen. Neuman asked Ms. McCue to explain what the problems were. She stated that in the bill they repeal a section of the codes and that section was mentioned in numerous other places and when a section is repealed it has to be deleted where that statute is referred to and that was not caught during the drafting process. These would be technical amendments, she said.

Sen. Thayer MOVED RECONSIDERATION OF SB 210, MOTION CARRIED UNANIMOUSLY.

Sen. Kolstad MOVED ADOPTION OF THE TECHNICAL AMENDMENTS, seconded by Sen. Meyer. The MOTION CARRIED UNANIMOUSLY.

Sen. Kolstad MOVED SB 210 DO PASS AS AMENDED, seconded by Sen. Meyer. The MOTION CARRIED with Sen. Neuman voting "no".

DISPOSITION OF SENATE BILL NO. 272: Sen. Neuman pointed out the proposed amendments by Sen. Lynch. Sen. Neuman explained the change in amount the non-profit organization could make from $5 million to $1 million before they would be subject to tax. The other amendment was to change the Class 3 railroad to the Interstate Commerce definition. Sen. Kolstad said the total mileage being looked at in this situation was 30 miles, as he recalled, or about 12.2 acres per mile so the tax was very insignificant.

Sen. Kolstad said that first of all, before it could qualify

ROLL CALL

Business & Industry COMMITTEE

50th LEGISLATIVE SESSION -- 1987 Date 2/19/87

NAME	PRESENT	ABSENT	EXCUSED
ALLEN C. KOLSTAD, CHAIRMAN	✓		
TED NEUMAN, VICE CHAIRMAN	✓		
PAUL BOYLAN	✓		
TOM HAGER	✓		
HARRY H. McLANE	✓		
DARRYL MEYER	✓		
GENE THAYER	✓		
MIKE WALKER	✓		
CECIL WEEDING	✓		
BOB WILLIAMS	✓		

Each day attach to minutes.

STANDING COMMITTEE REPORT

SB 210

February 19, 87

MR. PRESIDENT

We, your committee on BUSINESS AND INDUSTRY

having had under consideration SENATE BILL No. 210

second reading copy (yellow color)

DEFINING PROFESSIONAL COUNSELORS AS HEALTH CARE PROVIDERS

Respectfully report as follows: That SENATE BILL No. 210

Be amended as follows:

1. Title, line 9.
Following: "SECTIONS"
Insert: "33-1-104, 33-1-313, 33-1-317,"
Following: "33-30-101,"
Insert: "33-30-111 THROUGH 33-30-113,"

2. Page 7, following line 3.
Insert: "Section 6. Section 33-1-104, MCA, is amended to read:

"33-1-104. General penalty. Each violation of any provision of this code, ~~except 33-30-1012,~~ with respect to which violation a greater penalty is not provided by other applicable laws of this state shall, in addition to any administrative penalty otherwise applicable thereto, upon conviction in a court of competent jurisdiction of this state be punishable by a fine of not less than $50 or more than $1,000 or by imprisonment in the county jail for not less than 30 days or more than 90 days or by both such fine and imprisonment."

~~DO PASS~~

~~DO NOT PASS~~

CONTINUED

Chairman.

Section 7. Section 33-1-313, MCA, is amended to read:

"33-1-313. Rules -- notice, hearing, and penalty. (1) The commissioner may make reasonable rules necessary for or as an aid to effectuation of any provision of this code, ~~except 33-30-1012~~. No such rule shall extend, modify, or conflict with any law of this state or the reasonable implications thereof. Any such rule affecting persons or matters other than the personnel or the internal affairs of the commissioner's office shall be made or amended only after a hearing thereon of which notice was given as required by 33-1-703. If reasonably possible the commissioner shall set forth the proposed rule or amendment in or with the notice of hearing. No such rule or amendment as to which a hearing is required shall be effective until it has been on file as a public record in the commissioner's office for at least 10 days.

(2) In addition to any other penalty provided, willful violation of any such rule shall subject the violator to such administrative penalties as may be applicable under this code as for violation of the provision as to which such rule relates."

Section 8. Section 33-1-317, MCA, is amended to read:

"33-1-317. Penalty imposed by commissioner. The commissioner may, after having conducted a hearing pursuant to 33-1-701, impose a fine not to exceed the sum of $5,000 upon a person found to have violated any provision of this code, ~~except 33-30-1012~~, or regulation duly promulgated by the commissioner, except that the fine imposed upon agents or adjusters shall not exceed $500. Said fine shall be in addition to all other penalties imposed by the laws of this state and shall be collected by the commissioner in the name of the state of Montana. Imposition of any fine hereunder shall be an order from which an appeal may be taken, pursuant to the provisions of 33-1-711."

Section 9. Section 33-30-111, MCA, is amended to read:

"33-30-111. Notice of violation -- conference. If the commissioner shall for any reason have cause to believe that violation of this chapter, ~~except 33-30-1012~~, has occurred or is threatened, the commissioner may give written notice to the health service corporation and to the representatives or other persons who appear to be involved in the suspected violation to arrange a conference with the alleged violators or their authorized representative for the purpose of attempting to ascertain the facts relating to the suspected violation, and in the event it appears that a violation has occurred or is threatened, to arrive at an adequate and effective means of correcting or preventing the violation."

CONTINUED

Business & Industry Committee

February 19, 87

19

Section 10. Section 33-30-112, MCA, is amended to read:

"33-30-112. Cease and desist order. (1) The commissioner acting in the name of the state may issue an order directing a health service corporation or a representative of a health service corporation to cease and desist from engaging in any act or practice in violation of the provisions of this chapter~~, except 33-30-1012~~.

(2) Within 15 days after service of the order of cease and desist, the respondent may request a hearing on the question of whether acts or practices in violation of this chapter have occurred. These hearings shall be conducted under the Montana Administrative Procedure Act."

Section 11. Section 33-30-113, MCA, is amended to read:

"33-30-113. Injunctive relief. In the case of any violation of the provisions of this chapter~~, except 33-30-1012~~, if the commissioner elects not to issue a cease and desist order or in the event of noncompliance with a cease and desist order issued under this chapter, the commissioner may institute a proceeding to obtain injunctive relief, receivership, or other appropriate relief in the district court of the county in which the violation occurs or in which the principal place of business of the health service corporation is located. Any proceeding under this section shall conform to the requirements of Title 27, chapter 19 or 20, except that the commissioner shall not be required to allege facts tending to show the lack of an adequate remedy at law or tending to show irreparable damage or loss.""

Renumber: subsequent section

AND AS AMENDED
DO PASS

Senator Ted Neuman, Vice Chairman

they could find out. Mr. Lockrem responded that they were working with public contracts as opposed to private and with a sophisticated clientele, and that information is more readily available in the public contract area than in the private work where a legal description of the property is needed.

Mr. Lockrem stated he is sorry to hear there is such a lack of cooperation from the general contractors and the architects and engineers, but within their Association, they have liaison committees with the Montana Tech Council and their general contracting firms, and he will see that some kind of dialog and cooperation exist between the architects, engineers, and the general contractor.

Senator Bishop stated that the bonding requirements provide that a copy of such bond shall be filed with the County Clerk and Recorder.

CLOSING

Senator Bishop stated that the case that Mr. Lockrem cited was what precipitated this legislation.

SENATE BILL 210 - Defining Professional Counselors As Health Care Providers, sponsored by Senator Thomas Keating, Senate District No. 44, Billings. Sen. Tom Keating stated this bill addresses third party payments under the law and includes professional counselors' services in the definition of medical assistance established for Medicaid, and defines professional counselors as health care providers for purposes of disability insurance and health service corporation plans.

PROPONENTS

Ted Doney, representing Montana Mental Health Counselors Association. Mr. Doney stated that there are currently 61 licensed counselors. He said the drafting of the bill is intended to reflect the same coverage that is now being provided for social workers, and the bill mirrors the current law for social workers. He added the amendments made in the Senate were technical in nature to ensure that the sections referred to were covered in the act.

Joan Rebich, representing Mental Health Counselors Association. Ms. Rebich submitted written testimony. Exhibit No. 13.

Dwight Leonard, representing Helena Comprehensive Guidance Clinic. Mr. Leonard stated that this bill would provide services to rural areas, the developmental disabled, and the

chronic users of health services. He said counselors do have specialities. Exhibit No. 14.

Sally McCarthy, representing Professional Counselors Association. Ms. McCarthy stated that many families that have insurance would not be able to use her private practice if this bill did not pass. She said many people do not have money for her services.

Les Tanberg, representing Mental Health Association, and professional counselors. Mr. Tanberg submitted written testimony. Exhibit No. 15.

Joy McGrath, representing Montana Health Association. Ms. McGrath stated they feel that this bill would provide reimbursement and would allow the freedom of choice for people in need of their services.

Rep. Stella Jean Hansen, House District No. 57, Missoula, stated she wanted to be on record as supporting the bill.

OPPONENTS

Dr. Bill Bredehoft, clinical psychologist, Billings, submitted written testimony. Exhibit No. 16.

Dr. Bailey Molineux, psychologist, representing the Montana Psychological Association. Dr. Molineux stated that the problem was the independent unsupervised private practice. He said professional counselors do receive third party reimbursement if they work for a hospital or mental health center.

Tom Hopgood, representing Health Insurance Association of America. Mr. Hopgood stated that this is a competency issue and a fair issue, but it is also a money issue. He said the statistics show that when you have third party payments, the cost of insurance and the premiums increase.

Anne Bartos, representing Montana Medical Association. Ms. Bartos stated that they object directly to the language on page 2, lines 4 through 7, which removes the option of disability and health coverage for services performed by licensed counselors. She said the Association believes that the cost for services for counselors should not be mandated but should remain as an option to the consumer.

Dr. Rick Emery, representing the Montana Psychological Association. Dr. Emery stated they infrequently hire counselors for the Mental Health Center, because most of them are less qualified than the social workers or psychologists they do hire. He said the Association is concerned

that this bill will legitimize all counselors, many of whom are not qualified to work with mentally ill individuals.

Steve Waldron, representing Community Health Centers. Mr. Waldron stated that they have the same concerns as the other opponents. He said the bill does not address the training for diagnosis and treatment of mental illness.

QUESTIONS

Rep. Hansen asked if it wasn't better to have a counselor than no one at all. Mr. Waldron responded it was not better to have people that were not qualified to diagnose and treat mental illness.

Rep. Simon asked Ms. McGrath about the difference between these various professions and the fact that they aren't qualified to do certain things, and if it is known by a person that these individuals have limitations, if this should enter into the equation. Ms. McGrath responded the licensing process is to determine that and restricts requirements in that process.

CLOSING

Sen. Keating stated it was interesting that the Mental Health Centers have opposed this. He said they have professional counselors on their staff, and if a patient goes to a mental health center they are covered under the insurance. He commented that this is a fairness issue, and the equality under the law should be addressed.

EXECUTIVE ACTION

ACTION ON SENATE BILL NO. 210

Rep. Hansen moved that Senate Bill No. 210 BE CONCURRED IN.

Rep. Hansen moved to add a coordination clause with SB 120. The motion carried unanimously.

Rep. Hansen moved that Senate Bill No. 210 BE CONCURRED IN AS AMENDED. The motion carried with Rep. Driscoll, Rep. McCormick, and Rep. Bachini opposed.

Rep. Hansen will carry the legislation in the House.

ACTION ON SENATE BILL NO. 318

Rep. Pavlovich moved that Senate Bill No. 318 BE CONCURRED IN.

STANDING COMMITTEE REPORT

MARCH 13 19 87

Mr. Speaker: We, the committee on BUSINESS AND LABOR

report SENATE BILL NO. 210

☐ do pass ☒ be concurred in ☒ as amended
☐ do not pass ☐ be not concurred in ☐ statement of intent attached

REP. LES KITSELMAN Chairman

AMENDMENTS AS FOLLOWS:

1) Page 10, line 23
Following: line 22
Insert: "NEW SECTION. Section 13. Coordination instruction. If Senate Bill No. 120 and this act are both passed and approved, the code commissioner shall add in Senate Bill No. 120 the words and punctuation "licensed professional counselor, licensed" on page 2, line 18, following "psychologist".

Rep. Stella Jean Hansen will sponsor

THIRD reading copy (BLUE color)

13
3.18.87
SB 210

Information regarding

Senate Bill 210

provided by the

Montana Mental Health Counselors Association

Montana is a state in which medical service is in short supply, medically underserved, qualifying the state for special programs to attract doctors. A National Institute of Mental Health study reveals that reducing insurance coverage for mental health care may be a short-sighted approach to health care cost containment.

The study compared overall health care costs for Federal Employees Health Benefit Program enrollees who did and did not use mental health services from 1980 to 1983.

The researchers found that the overall health care costs for individuals receiving mental health treatment rose gradually during the three years prior to treatment, and then dropped significantly following treatment entry.

"Although the study population -- federal employees -- is not necessarily representative of other insured groups, the findings indicate that the use of mental health coverage may provide an important vehicle for reduction in general health care use and costs," said Paul Widem, coordinator of the study at NIMH.

The drop in general health care costs for persons eventually receiving mental health treatment was "dramatic" according to Widem. He added that the results "call for a rethinking of any attempt to reduce mental health coverage."

The study found that total monthly health care costs of mental health care recipients increased from about $103 three years prior to treatment to more than $493 during the six months before treatment. Costs declined to an average of $239 per month during the first six months of treatment and three years after treatment initial costs fell to $137 per month.

Today, most Americans have more health insurance coverage to pay for physical ailments, such as a broken leg or cardiovascular disease, than for mental disorders. Yet the odds of needing mental health treatment are five times higher than needing open heart surgery, the experts say. During any 6-month period, approximately 29.4 million adult Americans suffer from one or more mental disorders (1).

Equitable Group and Health Insurance Co., New York, finds fewer employees go on disability and take long leaves of absence, saving money on health benefits, as the result of its "personal concerns" counseling program. Better benefits can cut overall medical bills, says Towers, Perris, Forster & Crosby, New York, consultant.

In cases where the availability of outpatient Mental Health coverage does increase demand, it is possible that this increase is balanced by a decrease in medical or inpatient Mental Health claims. When outpatient coverage is limited or not offered, patients seeking help may resort to medical or inpatient treatment, at a higher expense to the insurer. Sharfstein (2) reports that in 1973-4, physicians reported 13 million office visits for colds, 18 million for back problems, 12 million for headaches, and 12 million for fatigue. Summaries of studies of offsets in medical utilization show that in general psychotherapy

permits a reduction in medical utilization of around 20 to 25 percent. As for inpatient usage, one cost utilization study calculated that the cost of a neighborhood Mental Health unit could be met through the cost of only six chronic patients who would otherwise be institutionalized. So although demand for outpatient services may increase as a result of expanded coverage, this increase may actually be representing a transfer of costs from medical and inpatient sources, resulting in overall savings for the insurer. (2).

A 1984 study by National Institute of Mental Health (3) states that 20% of the population of the U.S. over age 18 suffers from a mental disorder. 12% of these under 18 -- 32% in all. At risk groups include those in rural areas and low socio-economic groups.

A study of Federal employees insured by Blue Cross/Blue Shield (4) supports the contention that mental health treatment can cut medical costs. Research was conducted by tracking patients who suffered from heart disease, respiratory problems and diabetes. Total health care costs were reduced by 57% by the end of the second year and 66% by the end of the third year after diagnosis for those who had received counseling than for those who did not. Mental health treatment was cost effective for those who had a minimum of seven visits. The research concluded that those who receive mental health treatment were more likely to improve health related behaviors.

From data collected over a period of 18 years at the Kaiser Permanente HMO in California, N.A. Cummings reported that mental health treatment does reduce medical costs. Some of his conclusions were: (1) 60% of all medical patient care was due to mental rather than organic illness. (2) Even one visit to the mental health provider can reduce medical care by 60% over the next 5 years. (3) Six visits can reduce medical care utilization by 75% over the same time period (5 years). (4) A 12% reduction in the total medical care costs and a 68% reduction in hospital days were calculated by the 5th year after mental health treatment. Brief intervention, an average of 8 visits, seemed to be most cost effective. Cummings concluded that mental health treatment more than pays for its way by reducing medical costs. He also reported the 29 additional studies previously funded by the federal government replicate his findings.

At the University of Colorado, School of Medicine and the Denver VA Medical Center, Mumford, Schlesinger, and Glass (5) found that surgical or coronary patients who received mental health treatment left the hospital an average of two days earlier than those who did not. Mental health treatment can be cost effective, the study concludes.

Schlesinger, Mumford, Glass, Patrick, and Sharfstein (6) compared chronically ill federal employees covered with Blue Cross and Blue Shield from 1974 through 1978 who were first diagnosed and within one year began mental health treatment to persons who were also diagnosed but had no subsequent mental health treatment. In the third year following diagnosis, those having seven to twenty mental health treatment visits had medical charges $309 lower and

those having over 21 visits had medical charges $284 lower than the comparison group. The savings in medical charges over the three years of the group having 7 to 20 mental health visits were a function of lower use of inpatient services and roughly equalled the cost of 20 mental health visits. The researchers concluded that outpatient mental health treatment can be included in a fee-for-service medical care system to improve the quality and appropriateness of care and, if not extensive, may also serve to lower medical care costs.

Schlesinger, Mumford, and Glass (7) analyzed 510 outcome indicators from mental health treatment experiments that had economic implications, such as days lost from work, days of hospitalization, etc. and found that the average mental health treated person exceeded the average control subject by .51 to .78 standard deviation units. They reported that the effects of mental health treatment upon use of other medical services showed an average reduction of up to 20 percent. Jones and Vischi (8) review the studies of the effects of alcohol, drug abuse, and mental health treatment yielded similar findings.

Jameson, Shuman, and Young (9) conducted a study of a fee-for-service system which covered up to 50 visits per year of outpatient mental health treatment and considered only the effects of hospitalization and certain hospital -- based outpatient services. They found a reduction of about 30% in medical costs.

Lieberman (10) conducted a study funded by the National Cancer Institute at the Jefferson Medical College in Philadelphia. Lieberman reported that mental health treatment was effective in controlling cancer pain and reduced admissions to the hospital. The findings of this study add support to the fact that mental health treatment can be cost effective.

Margollis (11) reported first hand experience in the ability of mental health treatment to lower medical costs. As a consultant to the Hemophilia Foundation, she found that not only was the number of problem patients substantially decreased with mental health treatment, but it also prevented a significant number of patients from developing chronic mental health problems.

Sharfstein (12), who is Assistant Medical Director of the American Psychiatric Association, reported definite evidence that mental health treatment does cut medical costs.

Blue Shield of Pennsylvania (13) found medical-surgical expenditures reduction of 57% among patients when a two year period after mental health treatment was compared to a similar period before.

Twelve of 13 mental health studies (14) conducted over a period (1962-1978) showed a reduction of medical care utilization following mental health treatment from 5% for outpatient services to 85% for hospital stays. The median reduction was 20%.

Psychiatrists' Fees

The median fee charged by psychiatrists for individual therapy is $70.00, the modal or more popular fee is $60.00, while 6% charges $100.00 or more per hour (15). The same report found that they charged a median fee of $100.00 for family therapy with 15% charging $150 or more. GLS Associates (16) reported the average fee charged by psychiatrists to be $65.00. Covin (17) reported median and modal fees of $40.00 for both family and individual therapy charged by doctoral level Licensed Professional Counselors in Alabama. Weikel, et.al., (18) reported an average fee of $35.00 for individual therapy charged by counselors throughout the United States. Seligman and Whitley (19) reported an average fee of $41.95 for individual therapy charged by counselors in Virginia.

Psychologists' Fees

The average fee charged by a psychologist is $53.00 according to GLS Associates (20). Covin (21) found the average fees charged by those counselors below the doctoral level to be $43.97, for counselors at the Ph. D. level to be $43.75 and for counselors at other doctoral levels (Ed. D., S.T.D., and D.D.) to be $48.32. Weikel, et. al., (22) reported an average fee of $35.00 for individual therapy charged by counselors throughout the United States. Seligman and Whitley (23) reported an average fee of $41.95 for individual therapy charged by counselors in Virginia.

Increased availability of mental health treatment services does not mean drastically higher medical care costs according to a study by researchers at the Rand Corporation (24). They found that only 9% of those with full mental health care coverage for up to 52 visits per year received any mental health treatment and only 5% underwent counseling. Only a small percentage of those with liberal mental health benefits actually used it. The same study also found that there were about the same number of people utilizing medical doctors, the general practitioner and internist for informal counseling as there were those using psychiatrists and other mental health providers for "formal" counseling.

The availability of mental health services in a health contract does not increase the use. Rand Corporation (25) researchers found that the pattern for the use of mental health services in contracts was not significantly different from the pattern of use of the other health services under similar contracts.

Increased availability of mental health services through third party payments does not equal increased use, according to a Department of Defense study of its CHAMPUS program (26). The researchers found that CHAMPUS, which offers some of the most liberal benefits of all insurance contracts, yielded the second lowest counseling utility charges of any five Federal Employee Programs. Among the 8 million people eligible for CHAMPUS, the per capita dollar utilization rate was $24.13 per covered person.

A comparison of this rate with the utilization charges of the other programs reveals the stresses of diplomacy produce a $89.46 rate for Foreign Service employees, those covered by Blue Cross/Blue Shield have a $46.35 rate, and those insured by Aetna

have a $29.09 rate. Letter carriers have the lowest rate, a $19.22 per capita charge (27).

Researchers at the Rand Corp, a Santa Monica based think tank, reported in 1983 that employers or insurance companies would face only a small increase in costs if they offered full mental health coverage to participants in health care plans.

The federally funded study of 7,706 randomly selected people found that a full coverage health care plan paid out an average of only $24 a year per insured family for mental health treatment -- about 5% of the amount paid for all health services. Only 5% of those with full coverage underwent psychotherapy.

In Virginia, Blue Cross and Blue Shield recognized in 1984 that Professional Counselors' services were covered under their standard policies.

A 1983 ruling by Florida's Insurance Commission made state counselors eligible recipients of third-party payments. The action, keeping with the state's freedom of choice legislation, required group insurance policies covering mental or nervous conditions to include counselors as service providers.

In 1980, licensed professional counselors were included by the U.S. Office of Personnel Management as health care providers whose services were reimbursable under federal employee insurance contracts. To qualify, counselors must serve consumers in areas designated by the OPM as having shortages in primary medical care manpower.

The Los Angeles Times, February 23, 1986, wrote the Legislature in California is preparing to consider a proposal that would require all health insurance sold in the state to contain minimum coverage for mental health treatment. This bill would require all mental health insurance co-payments and deductible charges to be the same as for other health insurance. The bill would place a lifetime maximum benefit per individual at 20% of the total major medical insurance coverage or $100,000 whichever is less. Similar measures have been enacted in 14 other states.

The United States Office of Personnel Management (OPM) no longer supports the view that mandating coverage of additional categories of mental health providers will lead to the inevitable increase in and utilization of and consequently in costs paid for the delivery of psychotherapy. In the March 1986 report, the OPM recommended the separate evaluation of each category of health care practitioners in order to determine the quality of care issues. Criteria for the evaluation include the existence of a clearly defined body of knowledge, a body of professional standard practices to be adhered to, and some form of accreditation or certification process.

This opens the door for mental health counselors who have met National Academy of Clinical Mental Health Counselor certification to be approved by health care providers by the OPM. Thus their services can be recognized and reimbursed under the

more than 300 Federal Employees Health Benefit plans.

In 1985, Blue Shield of California agreed to include licensed marriage, family and child counselors as "participating health care professionals" in its medical coverage plans.

Colorado Insurance Commissioner J. Richard Barnes required in February 1984 that counselors' services be recognized and paid for by health insurance companies operating in that state.

On June 3, 1985, the United States Supreme Court upheld the constitutionality of a Massachusetts law which mandated minimum mental health benefits be provided state residents insured under health insurance policies. Thus, mandated mental health coverage is a function which can be controlled by state government.

Fees charged by counselors range on average between $35.00 and $50.00 per 50 minute session compared with $60.00 to $70.00 for a psychologist and $100.00 and more by a psychiatrist. Some cases should be seen by a psychiatrist and knowledge of referral is expected of a counselor, but well over 50% of the counseling that is done is presently being done by counselors.

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WITNESS STATEMENT

NAME Dr. Mitch Leonard BILL NO. 210

ADDRESS Rm. 24 Capitol Bldg, Helena DATE 3-

WHOM DO YOU REPRESENT? Helena Primary Care Physicians Clinic

SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

The bill would help provide services to rural areas, the developmental disabled, and chronic users of health services such as detoxification facilities & chronic pain patients.

WITNESS STATEMENT

3-13-15
SB 2

NAME Lois Tinberg, MEd BILL NO. SB 2

ADDRESS 1525 Dry Gulch Dr DATE 3/13/15

WHOM DO YOU REPRESENT? Licensed Counselors

SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

The research I've done on emotional/mental health & physical health is overwhelming & very necessary. As is most apparent with depression or anxiety (which often presents itself with a variety of physical symptoms & ailments just to name a few), it is absolutely apparent to me that effective mental health services lead to reduce physical health problems.

The Legislature did expand the definition of referring clients/consumers to mental health services but only in the small towns & in rural areas — without taking it out from under the authority of the Licensed Professional Counselors in those areas. Rather, they should be given additional coverage & training to help more clients than being more limited by the restrictive current law does not cover these services for psychiatric nurses, nurse practitioners & physician assistants as they can't do now. Thank you for your time.

MONTANA PSYCHOLOGICAL ASSOCIATION, INCORPORATED

3/6/87
SB 210

TESTIMONY OPPOSING SB 210

My name is Dr. Bill Bredehoft. I am a clinical psychologist from Billings. I am the secreatary of the MT Psychological Association and the Vice-Chairman of the Board of Psychologists.

I represent the members of the MT Psychological Association in asking you to vote against SB 210. By requiring third party reimbursement for licensed counselors, this bill increases the possibility that the citizens of our state will receive mental health services from unqualified individuals. Before this bill is passed, the licensing law for counselors must be strengthened.

It has been said by some that this bill deals with equity with other licensed mental health professionals. This chart shows a comparison of training for psychologists, social workers, and counselors. As you can see, their training is far from the same. A psychologist must have a doctorate degree in psychology which typically involves four to six years of graduate training and two years of experience, supervised by a licensed psychologist, ie., a person with extensive experience in the diagnosis and treatment of mental illness.

Social workers need a doctorate or masters degree in social work and 1½ years of post degree work experience providing psychotherapy.

In contrast, counselors need only have a graduate degree from a program which can be completed in five quarters of study and then just a ½ year of additional experience to be licensed. So it is clear that counselor's training is not equal under the current law.

However, this is not just a problem concerning the relative amount of training for the various professions. The fundamental problem here is that the counselors' licensing law does not in any way guarantee that a licensed counselor will know specifically how to diagnose or treat mental illness, regardless of how much training he's had.

Here's a worst case scenario: Someone gets a school counselling degree and works for six months in a school, supervised by another school counselor. He then gets licensed and opens up shop as a professional counselor, qualified under Senate Bill 210 to accept third party payments for the diagnosis and treatment of mental illness.

Can this person be required to have training in his new area of practice? Not under the current licensing law.

The counselors have said that they will address this problem sometime in the future by strengthening their rules. As the vice-chairman of the psychology licensing board, I am aware, as I'm sure you are all aware, that a board's rules cannot be more restrictive than the law. We strengthened our licensing law this year to better assure that all licensed psychologists will have extensive training in the diagnosis and treatment of mental illness. Counselors should strengthen their law to provide consumers with the same assurance before further legitimizing and encouraging private practice by licensed, but possibly undertrained counselors.

This could be done simply by making the requirements for licensure as a counselor include education and supervision in the diagnosis and treatment of mental illness.

VISITORS' REGISTER

BUSINESS AND LABOR COMMITTEE

BILL NO. SENATE BILL NO. 210 DATE MARCH 18, 1987

SPONSOR SENATOR THOMAS KEATING

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Sally McCarthy, MA	Self Prof. Counselor Assn	yes	
Les Tanberg, M/Ed.	Professional Counselors	Yes	
Dwight Leonard Ed.D	Professional Counselor	yes	
Sarah Herold MEd	Prof Counselor	Yes	
Ted J. Doney	MT. Mental Health Counselors Assn	X	
Annie Bartos	Montana Medical Assn		X
Joan Kelly	Mont Mental Health Cnsrs	X	
Lane Nicklas	Mont Mental Health Center		X
Carla Emery	Mental Health Center		X
Barbara McInerney	MPA		X
[illegible]	Mental Health Assoc	X	
Bill Bickel	MT Psychological Assn		X
Tom Hopgood	Health Ins Assn of Amer		X

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FOR

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.